

**RHODE ISLAND DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
RESPIRATOR MEDICAL RECERTIFICATION REQUEST**

Name of Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Division: \_\_\_\_\_ Employee Age: \_\_\_\_\_

Site: \_\_\_\_\_ Employee ID#: \_\_\_\_\_

Job Title: \_\_\_\_\_ Home Phone No. \_\_\_\_\_

Type of Respirator Used:

\_\_\_\_\_ half face

\_\_\_\_\_ full face

\_\_\_\_\_ dust mask

\_\_\_\_\_ other \_\_\_\_\_

Specific Contaminants Encountered (pesticides, paint, etc.)

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Reason(s) observation(s) made for requesting a medical recertification (**be specific and detailed**).

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Person requesting recertification:

\_\_\_\_\_ Employee

\_\_\_\_\_ Supervisor

\_\_\_\_\_ Safety Director

\_\_\_\_\_ Other \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Site Manager Signature: \_\_\_\_\_

Submit to: RIDEM – Office of Human Resources  
235 Promenade Street, 3<sup>rd</sup> Floor  
Providence, RI 02908

\_\_\_\_\_ Approved

\_\_\_\_\_ Not Approved

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Chief, Office of Human Resources